

PTO/SB/01 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> <b>(37 CFR 1.63)</b>		Attorney Docket Number	8297
		First Named Inventor	John Graham GIBLIN
		COMPLETE IF KNOWN	
		Application Number	10/567,519
		Filing Date	02/07/2006
<input type="checkbox"/> Declaration Submitted With Initial Filing         OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)		Art Unit	
		Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ADJUSTABLE SKEWER GRIPPING DEVICE

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

04/29/2005

as United States Application Number or PCT International

Application Number PCT/AU2005/000802 and was amended on (MM/DD/YYYY) 02/07/2006 (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
2004902258	AUSTRALIA	04/30/2004	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PCT/AU2005/000802		04/29/2005	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☒ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(Page 1 of 2)


This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to <input type="checkbox"/> Customer Number: <input type="text"/>				OR <input checked="" type="checkbox"/> Correspondence address below	
Name WOODLING, KROST AND RUST (KENNETH L. MITCHELL)					
Address 9213 CHILLICOTHE ROAD					
City KIRTLAND		State OHIO		ZIP 44094	
Country USA		Telephone 440-256-4150		Fax 440-256-7453	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) <u>John Graham</u>				Family Name or Surname <u>GIBLIN</u>	
Inventor's Signature 				Date <u>23/06/06</u>	
Residence: City OCEAN REEF <u>AUX.</u>		State WESTERN AUSTRALIA		Country AUSTRALIA	
Mailing Address 19 CROWTHER ELBOW					
City OCEAN REEF		State WESTERN AUSTRALIA		ZIP 6027	
				Country AUSTRALIA	
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) <u>Scott John</u>				Family Name or Surname <u>HANTKE</u>	
Inventor's Signature				Date	
Residence: City MORLEY		State WESTERN AUSTRALIA		Country AUSTRALIA	
Mailing Address 5 ARALUEN ST					
City MORLEY		State WESTERN AUSTRALIA		ZIP 6062	
				Country AUSTRALIA	
<input type="checkbox"/> Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/07A or 02LR attached hereto.					

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Inventor's Signature			Date
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Mailing Address 19 CROWTHER ELBOW			
City OCEAN REEF	State WESTERN AUSTRALIA	ZIP 6027	Country AUSTRALIA
NAME OF SECOND INVENTOR: <input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any)) Scott John		Family Name or Surname KANTYS	
Inventor's Signature			Date 1/2/06
Residence: City MORLEY ALEX	State WESTERN AUSTRALIA	Country AUSTRALIA	Citizenship AUSTRALIA
Mailing Address 5 ARALUEN ST			
City MORLEY	State WESTERN AUSTRALIA	ZIP 6082	Country AUSTRALIA
<input type="checkbox"/> Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 021R attached hereto.			

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